

counterproductive to that goal. In 1997 Northwest Louisiana Legal Services argued for preserving a woman's parental rights to her children, despite clear evidence she had physically abused them. The case began in 1991. The State investigated it. They assumed temporary custody. Legal Services still got involved, claiming that terminating parental rights was improper. These children had been severely beaten and burned, and yet our taxpayer dollars went through Legal Services to defend this type of individual.

Providing free legal services to the poor is perfectly appropriate for local and State entities to carry out. I think we will not end the abuses as long as the remote Federal Government continues to fund a program of this sort.

Obviously these organizations have no interest in respecting the intent of Congress, when we have cited repeated violations of the very restrictions that were already in the law that continue to happen. This is not the job of the United States government. It is the job of the State governments or of local bar societies.

Mr. RAMSTAD. Mr. Chairman, I join my colleagues from Pennsylvania and West Virginia in sponsoring this amendment to prevent the drastic 50% cut in Legal Service Corporation funding.

Without adequate funding for Legal Services, our poorest, most vulnerable citizens will be unable to have legal representation in civil matters.

"Equal Justice Under Law," which Americans read every day across the street on the Supreme Court building, will be empty words.

This proposed 50% cut, to \$141 million, follows a 33% reduction in FY 1996, and no increases in FY 1997 or FY 1998. This amendment would be a great improvement from the current level in the bill, but it still represents a \$33 million cut from last year's appropriation.

In my home state, severe cuts in LSC funds have ready meant that tens of thousands of Minnesotans who needed legal help had to be turned away. Because of reduced funding, Legal Services in Minnesota closes 4,000 fewer cases each year.

Legal services in my state is struggling in spite of generous support from state and private sources. In Minnesota, over 3,000 attorneys already donated over 30,000 hours of legal services—worth over \$3.5 million—each year. Minnesota lawyers pay an extra \$50 in their annual licensing fee to support legal services. Individual lawyers and firms currently contribute over \$500,000 each year.

Even greater numbers of poor people have been shut out of the civil justice system in other states, where private support is not as strong: LSC programs across the nation are already serving 300,000 fewer low-income Americans because of decreased resources. If limited to this bill's drastic level they will have to turn away an additional 400,000 vulnerable Americans.

On top of this, a recent Supreme Court decision is further threatening resources for legal aid to the poor. In 1997 Interest on Lawyer Trust Accounts (IOLTA) programs accounted for 11% of funding for LSC programs. But, now, the availability of IOLTA funding for legal aid programs has been called into question by the courts.

Some claim that private bar can step in and meet the legal needs of the poor if funding for the LSC is cut by this magnitude. But through-

out the country the private bar and individual lawyers are already working hard to provide legal services for indigent people.

However, they cannot meet these critical needs alone, any more than doctors can treat all the medical needs of the poor or grocers can feed all the hungry without pay.

We cannot effectively provide legal services to the poor without a public-private partnership. LSC funds are critical in matching private lawyers with needy clients, and LSC-funded staff is needed to handle intake, screening, referral, training and support for private lawyers.

Although government entities are not often known for efficiency, ninety-seven cents of every LSC dollar go directly to delivery of legal assistance. And federal oversight and accountability over those dollars are ensured.

Tight restrictions required by Congress are being enforced by LSC under the strong leadership of President John McKay: no class action suits; no lobbying; no legal assistance to illegal aliens; no political activities; no prisoner litigation; no restricting representation; and no representation of people evicted from public housing due to drugs.

Some of my colleagues point to a few, well-publicized cases that appear to be abusive. There is almost always more to the story, and in many cases no LSC-funded program was involved or the LSC is enforcing sanctions against the abuses. But even if all of the alleged abuses were true, these would represent a mere handful of aberrations in a program that last year served 2 million clients, benefiting 4 million Americans, most of whom were low-income seniors, women and children. I wish all federal programs could have such a remarkable record.

Legal Services actually saves taxpayers money by establishing child support orders and maintaining private health insurance for children. Legal Services protects the victims of domestic violence and child abuse. Legal Services combats consumer fraud and unlawful discrimination.

If our justice system is only accessible to the wealthy—to those with means—then it cannot truly be just. I urge my colleagues to support basic fairness and equality under the law by restoring Legal Services funding.

The CHAIRMAN. The question is on the amendment offered by the gentleman from West Virginia (Mr. MOLLOHAN).

The question was taken; and the Chairman announced that the ayes appeared to have it.

Mr. ROGERS. Mr. Chairman, I demand a recorded vote.

The CHAIRMAN. Pursuant to House Resolution 508, further proceedings on the amendment offered by the gentleman from West Virginia (Mr. MOLLOHAN) will be postponed.

Mr. ROGERS. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. SHIMKUS) having assumed the chair, Mr. HASTINGS of Washington, Chairman of the Committee of the Whole House on the State of the Union, reported that that Committee, having had under consideration the bill (H.R. 4276) making appropriations for the Departments of Commerce, Justice, and State, the

Judiciary, and related agencies for the fiscal year ending September 30, 1999, and for other purposes, had come to no resolution thereon.

□ 2145

#### SPECIAL ORDERS

The SPEAKER pro tempore (Mr. SHIMKUS). Under the Speaker's announced policy of January 7, 1997, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from American Samoa (Mr. FALEOMAVAEGA) is recognized for 5 minutes.

Mr. FALEOMAVAEGA addressed the House. His remarks will appear hereafter in the Extensions of Remarks.

#### EXPRESSING APPRECIATION FOR SUPPORT ON SHAYS-MEEHAN LEGISLATION, AND URGING MEMBERS TO VOTE TO RESTORE FUNDING FOR LEGAL SERVICES FOR THE POOR

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. FOX) is recognized for 5 minutes.

Mr. FOX of Pennsylvania. Mr. Speaker, I rise tonight first to thank the House for their support for the important Shays-Meehan legislation. This legislation is a landmark in that it will provide for the first time in many, many years an opportunity for the House to have meaningful campaign finance reform.

The bill makes four major changes to our campaign finance system.

One, it completely eliminates Federal soft money as well as State soft money that influences the Federal elections.

Two, it strengthens the definition of "express advocacy" to include those radio and TV advertisements that clearly identify a Federal candidate which are run within 60 days of an election, or include unambiguous support for or opposition to a clearly identified Federal candidate run at any time.

Number three, Mr. Speaker, it improves the Federal Election Commission disclosure and enforcement. It requires the Federal Election Commission reports to be filed electronically. It provides for Internet posting of this and other disclosure data.

Number four, it establishes a commission to study further reforms to our campaign finance system.

In addition, the bill makes other important reforms, including foreign money and fund-raising on government property being prohibited. It expands the ban on unsolicited franked mass mailings. It also makes other reforms which, in the opinion of those who have been observing the House for many years, go to the important end game of

making sure that, from the public's point of view, there is more accountability.

I also rise to request that my House colleagues tomorrow, in the voice vote and the recorded vote on legal services for the poor, that we again do as we have in the past 2 years, restore the \$109 million in this House so those who are truly in need and need legal representation in their local counties and across their States for cases involving 101 assistance for the poor, that they support the amendment tomorrow, the Molohan-Fox-Ramstad amendment, because it is so important to many of those who could not be represented otherwise, and who may be just one court case away from losing their family, losing their job, or losing an important matter which goes to their financial or family security.

I thank those who will look carefully upon our debate tonight and hopefully support our amendment.

The SPEAKER pro tempore. Under a previous order of the House, the gentlewoman from Washington (Mrs. LINDA SMITH) is recognized for 5 minutes.

Mrs. LINDA SMITH of Washington addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.

#### THE DIFFERENCES BETWEEN THE DEMOCRATS' PATIENTS' BILL OF RIGHTS AND THE REPUBLICAN HMO PROPOSAL

The SPEAKER pro tempore. Under the Speaker's announced policy of January 7, 1997, the gentleman from New Jersey (Mr. PALLONE) is recognized for 60 minutes as the designee of the minority leader.

Mr. PALLONE. Mr. Speaker, this evening I would like to spend some time talking about the issue of managed care reform, or HMO reform. I wanted to start out by pointing out that the House Republican leaders brought a bill to the floor about 2 weeks ago which they are trying to use to essentially dupe Americans into believing that they are protected against HMOs, when in fact, if anything, the Republican bill makes people's situation with HMOs even worse off, in my opinion.

There were no hearings on this Republican bill. It never went through any congressional committee, and it was literally changing up until the very last minute, when it came to the floor of the House of Representatives.

For months Republicans have been working hand-in-hand with insurance companies to fight the Democratic alternative, the Patients' Bill of Rights, which is a real patient protection bill, which enjoys the strong support of doctors, nurses, and consumer advocates.

Now all of a sudden the Republicans have rushed their bill, which they call a patient protection bill, to the floor in an effort to solve the political problem

that their opposition to managed care reform has essentially become. Mr. Speaker, make no mistake, the differences between the Democratic Patients' Bill of Rights and the Republican HMO proposal are significant.

The Republican bill excludes key provisions that are essential for consumer protection, and includes provisions that would reduce current consumer protections. The Republican HMO plan seeks to give the appearance of reform without the reality.

Just to mention, among other things, some of the most serious problems with the Republican HMO plan, it leaves medical decisions in the hands of insurance company accountants instead of doctors. It does not limit HMOs and insurance companies' use of improper financial incentives to limit needed care. It allows drive-through mastectomies, and fails to contain a requirement of coverage for reconstructive surgery after mastectomies.

It does not give access to specialty care when needed. It also does not guarantee patients access to needed drugs or clinical trials. Most important, it provides no effective mechanism to hold plans accountable when plans abuse, kill, or injure someone.

Democrats have been insisting and will continue to insist on a bill that contains guarantees that are a significant gain for health plan consumers. The Republican plan, by contrast to the Democratic plan, is essentially a sham in providing patient protections.

Mr. Speaker, I wanted to talk for a few minutes, if I could, about some of the specific problems that I see with the Republican HMO plan, and give some examples of how they essentially would not help.

For example, one of the most important provisions in the Republican bill that contrasts it from the Democratic Patients' Bill of Rights is that the Democrats' Patients' Bill of Rights insures access to specialists, whereas the Republican plan does not.

For example, under the Democratic bill, if you had cancer, you could go directly to an oncologist. If your child had a specific problem, you could bring your child to whatever type of specialist your child might need. Under the Republican plan, you would still have to go see your primary care physician for a referral, and there is no guarantee that you would get to see a specialist if you needed one.

The differences between the two bills are even more pronounced when it comes to seeing specialists outside your HMO, outside your network. The Democrats' Patients' Bill of Rights ensures you will be able to go outside your network at no cost to you if you need to see a specialist that your HMO does not have within the network. But under the Republican bill, if you need to see a specialist outside of your network, you are out of luck. You do not get to see him.

Another difference between the access each bill would provide is what we

call "standing referrals." If you were fortunate enough to be in an HMO that has the type of specialists you need when you get sick under the Republican plan, you still have to jump through hoops. The Republican plan does not allow patients who need care over a long period of time by a specialist to have standing referrals. The Democratic bill, the Patients' Bill of Rights, does not require patients to go back time and again to renew referrals. If you need to see a specialist over a long period of time, you are guaranteed the right to that doctor.

The Democrats' Patients' Bill of Rights will also let you designate the specialist as your primary care physician. If you are a woman, you can choose your OB-GYN as your primary care physician. The Republican bill, by contrast, neither allows you to designate your specialist as your primary care physician nor your OB-GYN.

Another major difference, and I think it is important, refers to access to physicians, again. That is, what the two bills do to protect the continuity of care.

The Democrats' bill ensures that if you were in the middle of treatment and your plan drops the doctor that you were seeing or your employer switches insurance companies, that you will still be able to see that doctor at no cost to you. But under the Republican bill, if you are a woman in your last trimester of pregnancy, for example, you could be forced to see another doctor once that doctor is dropped from the plan. The same goes for any patient in similar circumstances.

The differences in ensuring access between the two bills is not limited to just physicians. Under the Democrats' Patients' Bill of Rights, health plans are required to have a process for allowing certain patients to participate in a defined set of approved clinical trials.

For many patients, clinical trials represent the last and only hope they have of surviving. But the Republican plan provides no access to clinical trials at all. If you are in an advanced stage of breast cancer, for example, the Democratic bill would give you not only the opportunity but the resources to fight that horrible disease. I do not see how the Republican bill does anything of the sort.

One last difference I would like to point out in terms of access is access to needed drugs. The Republican plan does not guarantee that your HMO will pay for the drugs your doctor prescribes. If your doctor prescribes you a drug that is not on your HMO's approved list of drugs under the Republican plan, you will have to pay for it yourself. If it is too expensive for you, that is too bad. Even though you have health care, you find the prescribed remedy out of reach because the health plan you pay for refuses to cover it.

The Democrats' Patients' Bill of Rights, on the other hand, guarantees access to whatever medication your